

2010 Softball Adult Registration Form

Entry Fee must accompany this form. You may register by mail, in person, or over the phone with a major credit card (651)558-2255.

Only one (1) form of payment (cash, check or credit/debit card) will be accepted.

Please make checks payable to: **St. Paul Municipal Athletics**

1500 N. Rice St.

St. Paul, MN 55117

(Office Use Only):

Date Received _____

Amount _____

Check# _____

Receipt # _____

Staff Initials _____

Team Name	Managers Name	
Address	City	Zip
Day Phone ()	Eve Phone ()	Cell Phone()
Email Address		

Division of Play	Men's	Men's Fast Pitch	Women's	Co Rec
Day of Play/ Class	Sun D R/A	Mon B/C Dunn & R/A	Mon D R/A	Sun B R/A
(Please Circle)	Mon D McM	Thur C Dunn	Tues D R/A	Sun C R/A
	Mon D R/A		Wed B/C Dunn	Sun C McM
	Mon D (Dbls) R/A		Wed D R/A	Sun D McM
	Tues D/E McM		Wed D/E Phalen	Mon C McM
	Tues D R/A		Thur D R/A	Mon C St. Clair
	Tues D (Dbls) R/A			Tues D McM
	Wed D/E McM			Wed D McM
	Wed C/D (Dbls) R/A			Thur D St. Clair
	Wed D R/A			Thurs C/D McM
	Thur D McM			Fri C/D (Dbls) McM
	Thur D R/A			Fri D McM
	Thur D (Dbls) R/A			
	Fri D McM			
	Fri D R/A			
	Fri D (Dbls) R/A			

Are you a returning **SUMMER** team from last year? Yes No

If yes - what field and night did you play at last year? Night _____ Field _____

Complex request _____

Comments _____

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative _____